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Knoxville Pediatric Associates: A Case Study

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**Appendix D - UNIVERSITY HONORS PROGRAM
SENIOR PROJECT - APPROVAL**

Name: Brian Walton Crenshaw

College: Engineering Department: Industrial Engineering

Faculty Mentor: Dr. Claycombe

PROJECT TITLE: Knoxville Pediatric Associates: A Case Study

I have reviewed this completed senior honors thesis with this student and certify that it is a project commensurate with honors level undergraduate research in this field.

Signed: Wayne Claycombe, Faculty Mentor

Date: 10 Dec 1997

Comments (Optional):

**KNOXVILLE PEDIATRIC ASSOCIATES:
A CASE STUDY**

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December 8, 1997

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ABSTRACT

Our senior project was an analysis of the operational procedures of both the Clinch Avenue and the Park West branches of the Knoxville Pediatrics group. Information was gathered through interviews, by observation, and by analyzing time cards and sign-in sheets. The Knoxville Pediatrics group was determined to have exceptional operational procedures in place, so no major changes were suggested.

Minor areas of improvement were identified and suggested solutions were documented. There was no type of incentive pay system to compensate the nurses who had to stay unduly late to handle overflow patients. The solution my team settled on was to have time and a half compensation begin at the average time the last nurse at Park West leaves since their office closes an hour earlier. Staffing needs were quantified by analyzing the distribution of patients by season and by day of the week. We used the new incentive pay structure in conjunction with this information to justify the alternative of hiring an additional half-time nurse or bringing a current half-time up to full-time and closing both offices at the same time. A patient follow-up card was developed for use in quantifying or at least tracking patient satisfaction since this has heretofore been overlooked. Old files were recommended to be put on microfiche. We collected data on local businesses and stand-alone machines for this purpose. A flag for nurse-practitioner files which had yet to be signed-off by the doctors was suggested so as to avoid the hefty fines if the files were to be audited. Many other minor suggestions have been identified and are available in the body of the paper.

Introduction:

In September 1997, we were introduced to Knoxville Pediatric Associates and were presented with the challenge to make the group more efficient. With this at hand, we began our project. The first month and a half held many hours of observation of the office in its daily routine. We then identified twenty areas of interest and focused on how we could improve each area. Some held obvious problems which led to various alternative solutions while other areas proved flawless. Each interest area was assigned a grade on a scale of an A equalling a 4.00/4.00 and a D rating a 1.00/4.00. We chose conventional grading since everyone can relate to the scores once given during the educational years. Both the Clinch Avenue and Park West offices were involved in the analysis. Since the project was primarily directed toward making the Clinch office more efficient, Park West is considered to have a 4.00/4.00 for all areas with the exception of one. It is important to note that our time was limited to a semester (roughly three months) and the data with which we based our suggestions dated back to barely a year. Additional time and/or data may have concluded in different results.

Decor of the Office: (Grade A)

The Clinch office has done an excellent job of considering their customers comfort while designing there facility. The outside of the office has a warm home setting which is absent from many other medical facilities. The waiting room is full of color that attracts KPA's age group and is full of entertainment. The exam rooms are our favorite. Each room has it's own personality. The patients have grown to know these rooms and sometime request certain ones. This in itself is a sign of good decor.

Entertainment: (Grade B)

The Entertainment for Children in the waiting area is excellent. The hands-on toys and especially the television provide the children an easy escape from waiting. The decoration of the waiting area itself is fun and amusing. Once the patient is taken to the exam room, there is little amusement or distraction. This could result in a potential problem as the children wait for lab results or for a staff member's attention. Though there are a few books available, the exam rooms lack entertainment for toddlers. Even a ten minute lab result could seem much longer in a toddler's eyes.

Suggestion: Option One- Place a few stuffed animals, see&says, and/or talking books in the exam rooms. Even the smallest of toy is a

great distraction for a restless child.

Option Two- Create a "treasure chest" out of a box (some stores carry boxes decorated in a pirate's treasure chest fashion) and fill the box with inexpensive toys. When the child enters the exam room, allow them to choose one toy from the chest to keep. The toy could even be used as an incentive for better behavior during the visit. A new toy is sure to lighten the spirits, and hopefully behavior, of the child.

Patient Flow: (Grade A)

The Patient Flow throughout the office is excellent. Three months of observations reports that patients have adequate time in the waiting room to complete paperwork before being moved to an exam room. Since Knoxville Pediatrics is for children, it is essential to minimize the time in the waiting room. This results in happy children and even happier parents. Once the patient is in the exam room, there is almost an immediate response by a staff member. The ingenious flagging system assists the doctors in attending the next patient in line. All staff seem to be appropriately trained in the colors of the flags and their meanings.

Staff Satisfaction: (Grade D)

The staff satisfaction of Knoxville Pediatrics has room for improvement. The Clinch Avenue office staff becomes irritated when

patients arrive near closing hours. This translates to the staff to work later than expected. The Park West office sees the same number of patients as the Clinch office, but it continues to be considered a branch office. A high satisfaction of staff is imperative to ensure the return and recruitment of patients.

Suggestion: When determining the best time to begin incentive pay at both the Clinch and Park West office, our first opinion was to begin at closing of the Park West office. This time would be at five p.m. in the summer and six p.m. in the winter. Since the incentive pay initiative developed in response to Clinch's dissatisfaction with having to stay later than Park West office, it was "a good place to start". We began to collect time cards at each office and discovered that at Parkwest, the nurses did not leave immediately with the close of business. The last nurse at Park West leaves at an average of six p.m. in the summer and six thirty p.m. in the winter. Since our goal was to bring both offices to equal terms our incentive pay system utilized those values. The summer incentive start time should be six p.m. and the winter at six thirty p.m.. Any staff member working past these hours should receive time and a half compensation.

There are some weaknesses with this plan. The most obvious problem is that during the winter hours, Clinch office is scheduled to

close to seven p.m. Our system would force incentive pay into the regular working hours of the organization. Also, by establishing an incentive program, there may be attempts to take advantage of the system. This is highly unlikely since the staff, as interviewed, would prefer time outside of work for personal matters rather than staying an hour late for the simple fact of extra pay. The incentive pay structure, as designed, is an appeasement and attempt at equality between the two offices. This is not to be interrupted as a means to force everyone to stay work later hours.

The next time to be identified is that the nurses at Park West are not immediately leaving when the doors close. They are often finishing lab results, cleaning exam rooms, and completing patient care. After hours work is a necessity to be able to complete these tasks since each nurse has a variety of responsibilities. It is important to realize that the staff is staying past office hours.

This brings us to an interesting alternative. Since both offices see the same amount of patients and the Park West office, our baseline, stays later than actual business hours, standardizing the closing time for both offices could be a viable alternative. This standardization would remove the need for an incentive program since everyone would be leaving at the same time. There would still be a need for an overtime

system to handle hectic days, and the value for that incentive start time could be determined in the same manner previously employed. This may not be a viable alternative since it would reduce the number of hours in any given day that a patient has available to seek medical attention. Current clients know the current office hours and the late admission policy at Clinch Avenue. These clients expect that service, and the office's operating procedures were designed to take this into consideration.

The problem with a "no change" approach to the office closing time is that the number of patients seen after hours may not significantly add to the office income. There is a possibility that it costs more to pay the nurses to work later than the office earns by staying open. It is not easy to discern whether these after hours cases were emergency or regular visits. It is important to note that each office has a hospital with an emergency room within one block of their location to handle the overflow.

Personality of the Offices: (Grade A)

The doctors, nursing and office staff were a delight to work with over the course of our project. Everyone cheerfully answered our questions and displayed the same positive enthusiasm when dealing with patients. The entire staff of the Clinch Avenue and Park West are willing

to go the extra mile to accomodate patients' needs and fulfill the directives handed down by the doctors. Both staffs are well organized teams that are able to accomplish incredible amonts of work each day while maintaining positive attitudes. Everyone seems to enjoy coming to work for a chance to be with their exceptional coworkers and to have a chance to help children. When things are running smoothly, a light cheerful attitude dominates tthe office. When things are hectic, there may not be any signs of the atmosphere, but there was always a little cheer left when we asked questions and got in the way. The doctors, nursing and office staff are all invaluable assets and should be recognized for the treasure they are.

Nurse Practitioner: (Grade B)

The Nurse Practitioner adds unquantifiable assistance to the office staff. With herself and the hire of a new practitioner, the doctors need to be very attentive to signing their charts. Currently, some of the charts are refiled without the proper doctor's signature resulting in great concern for the practitioner. The only current signal that the chart needs to be filed is a stamp on the inside. This problem could be serious, but the solution is a simple one.

When the Nurse Practitioner sees a patient they will promptly attach a bright colored clip or flag to the file. This will signal to the

doctors, nurses, or receptionists that the chart has not been signed.

This way, no matter where the chart ends up in the procedure, it will have a visible signal. When the chart is signed, the doctor will simply remove the clip or flag.

After considering several different options, the clip or flag option proves to be the most simple, as well as the least expensive. Each can be bought at any office supply or discount store. The flags run from \$ 2-3 per pack and would be disposable. The clips would be reusable, but are a larger investment.

Office Standards: (Grade D)

The office environment lacks standards. In many instances, there is no consensus on the manner to handle certain situations. These situations range anywhere from the contents of patients' charts to the ordering of certain medical tests. It is necessary for any business to have standards for it to be successful, and these standards can only come from within the office staff. Lack of standards leads to confusion. It is important to remember that Knoxville Pediatrics is not a individual practice, but it is an alliance of many talented medical professionals, and each of these professionals maintains his or her own opinions and ideas. Currently, each staff member seems to abide by her or his own rules and

procedures leading to confusion among and often hostility toward the support staff.

Suggestion: An extreme emphasis must be placed on a concurrence among the staff regarding general office procedures. During the month between meetings, designate a certain place for any staff to report an issue they feel needs discussion. The Friday before the meeting, compile these issues into an agenda; this agenda will provide an order for the meetings. Often, the best method to achieve a consensus is to let the majority rule. At office meetings, hold a vote for the issue of discussion and let an independent party takes notes on the meeting. If meetings lack control, an option is to refer to general parliamentary procedures (see attached 'Robert's Rules of Order'). This will allow everyone a chance to speak and requires two people to close discussion on a topic. The day after the meeting, post a memo with the results for staff to refer in times of question. This will mean that everyone will have to make small sacrifices to achieve greater results. Constant confusion among staff will ultimately have an adverse affect on patients.

ROBERT'S RULES OF ORDER

PRINCIPAL RULES GOVERNING MOTIONS

Order of Precedence	Can interrupt speaker?	Requires a second?	Debatable?	Amendable?	Vote required?	Applies to what motions?	Motion can have what applied to it (in addition to withdraw)?	Can be renewed?	Rule Sec.
I. PRIVILEGED MOTIONS									
A. Fix the time to which to adjourn - (when privileged; only when another question pending).	No	Yes	No	Yes	Majority	None	Amend	Yes	16
B. Adjourn - (loses privilege if in any way qualified or if effect is to dissolve assembly).	No	Yes	No	No	Majority	None	None	Yes	17
C. Take a Recess - (privileged only when other business is pending).	No	Yes	No	Yes	Majority	None	Amend	Yes	18
D. Raise a Question of Privilege.	Yes	No	No	No	No vote	None	None	Yes	19
E. Call for the Orders of the day.	Yes	No	No	No	No vote	None	None	Yes	20
II. SUBSIDIARY MOTIONS									
F. Lay on the Table.	No	Yes	No	No	Majority	I-D, E II-K, III, appeal	None	Yes	28
G. Previous Question.	No	Yes	No	No	2/3	Any debatable or amendable	None	Yes	29
H. Limit or Extend Limits of Debate.	No	Yes	No	Yes	2/3	Any debatable pending motion	Amend	Yes	30
I. Postpone to a certain time.	No	Yes	Yes	Yes	Majority	Main	Amend, limited debate	Yes	31
J. Commit or Refer.	No	Yes	Yes	Yes	Majority	No Subsidiary motion	Limit debate, amend	Yes	32
K. Amend.	No	Yes	Not always, not when main motion not debatable	Yes	Majority	All but those that cannot be amended	Any	No	33
L. Postpone indefinitely.	No	Yes	Yes	No	Majority	Main	No Subsidiary motions	No	34
III. MAIN MOTIONS									
M. General.	No	Yes	Yes	Yes	Majority	None	Any	No	
N. Take from Table.	Yes	Yes	No	No	Majority	Motion tabled	No subsidiary motion	Yes	35
O. Reconsider.	Yes by one of majority	Yes	Yes except when main motion not debatable	No	Majority	Specified	Limit debate, postpone definitely	No	36
P. Rescind, Repeal, or Annul.	No	Yes	Yes	No	Majority	All main	All Subsidiary motions	No	37
Q. Renewal.	In general at another session								38
R. Ratify.	No	Yes	Yes	Yes	Majority	Approval of action	None	No	39
IV. INCIDENTAL MOTIONS									
S. Point of Order.	Yes	No	No	No	No vote	Any error	None	No	21
T. Appeal.	Yes	Yes	No	No	Majority or tie	Decision of chairman	Yields to privileged motion & to motion to lay on table	No	21
U. Suspension of rules.	No	Yes	No	No	2/3	None	None	No	22
V. Object to consideration of question.	Yes	No	No	No	2/3 opposed to consideration	Any main	None	Yes	23
W. Division of a Question.	No	No	No	Yes	Not required but may be taken	Main & amendments	None	No	24
X. Division of Assembly.	Yes	No	No	No	None	Voice or hand vote	None	No	25

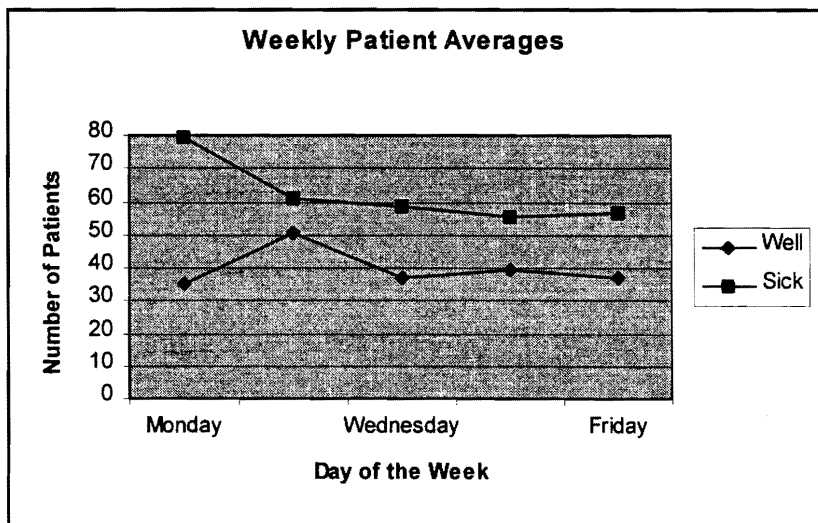
Patient Scheduling: (Grade A)

Patient scheduling is a strength of both the Park West and the Clinch Avenue office of the Knoxville Pediatric Associates (KPA). In terms of KPA's primary objective, the quality care and prompt service of patients, all objectives are currently being met. Schedule slots are assigned in proportion to the number of doctors available. This has led to minimal wait times. The scheduling incorporates seasonal trends as well as within week tendencies for extraordinary patient flow. As we collected samples of waiting room utilization over the duration of our project, we were hard-pressed to find an occasion where significant wait times were required of KPA patients.

One of the two occasions when the waiting rooms became more occupied than normal was after the implementation of the new computer system. A well-defined and comprehensive check-in procedure was necessary to update the computer's records. A structured check-in helps to eliminate problems with inaccurate insurance information and provides the office staff a standard procedure that is clearly defined. The computer check-in reinforces the standardization of the admission process by requiring the same information from each patient on each visit. There could be problems later as the database becomes more

complete and emphasis is removed from data entry and focused on utilization of the system. The second occurrence of high waiting room utilization was due to a combination of data entry and patient eccentricities which were not controllable by the doctors, nurses, or other KPA staff.

Patient scheduling takes into account seasonal trends by staying open later during for winter hours. Actually, the exact influence of the late hours is hard determine. Since the office was open an extra hour, KPA could admit more patients. This closing policy was probably instituted to better service KPA's clients. It is likely that there was a higher demand for service during the winter months, but it is hard to determine now whether the higher demand makes the late hours necessary, or the late hours create additional demand for medical services. It is the chicken versus the egg argument all over again.

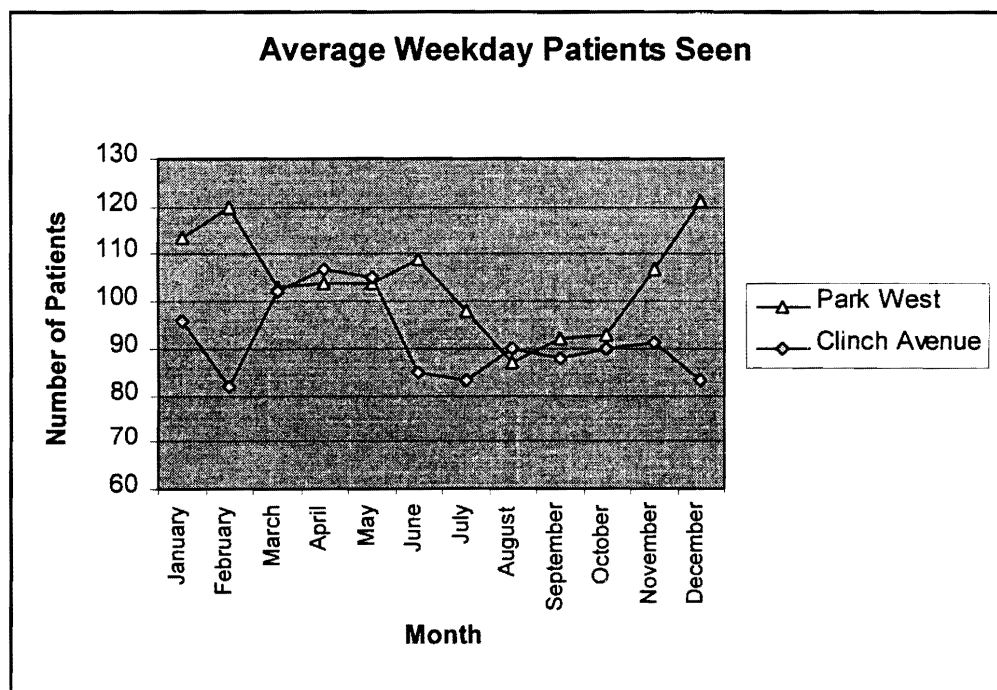


By dividing check-in into sick and well rosters, within-week tendencies are effectively dealt with. There are fewer well appointments made on Monday due to the large number of sick appointments necessary after a weekend. The remainder of the week stabilizes patient flow by scheduling more well appointments and spreading out the sick appointments as much as possible. There are exceptions. One obvious example is the scheduling of patients with attention deficiency disorder on the well roster for days when those services are being rendered at the Park West office. This does increase the amount of work required of KPA's already highly utilized nursing staff, but they seem to make miracles happen when work gets heavy.

Seasonal Demand Management: (Grade A)

The staff handles the seasonal fluctuation of patient arrivals very well. The KPA operating procedure that sets the closing time one hour later during the peak winter months is an effective means of handling the fluctuation, although the chronological precedence of these events is hard to determine. The management of the number of rooms designated as sick or well in response to seasonal needs is also an excellent practice. The winter months clearly have a higher number of patients seen as compared to the rest of the year. By currently having business hours change to accommodate the peak winter demand, the additional patient

load is effectively handled.



Phone System: (Grade A)

The phone system is relatively new to the staff, but we observed that the staff has done an excellent job at learning the new system. The new system has several features which allows the system to execute some key tasks. One of the primary features is the ability of the phone system to track the length of each call. Proper utilization of this information could lead to better customer service and better efficiency. The office has done a nice job at integrating new technology into daily operations, but this area has great potential for growth and expansion of capabilities.

Suggestion: In order to take advantage of the growth potential, we need to evaluate each phone call and the content of the conversation. This evaluation will recognize key relationships between phone calls and key information. The phone system will have the capability to link to another database or system to decrease the staff members' time on the phone. Scheduling appointments will be more efficient and may create more time in the schedule to see more patients or do more lab work.

Lab Area: (Grade: Park West A, Clinch Avenue C+)

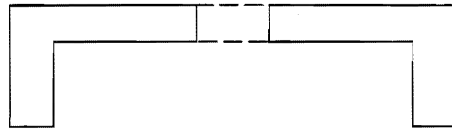
The lab area at the Park West office is sufficient to provide the nurses room for the number and types of labs performed. The Park West lab area is designed to provide a dedicated, quiet workspace by isolating the work area from the traffic of the office. By using a U-shaped design, there is only one way to enter or leave the lab. Although the entrance is in a high traffic zone and people congregate along the hall opening, the majority of the lab's space is separated from the hustle and bustle of the rest of the office.

The Clinch Avenue lab design is not quite so efficient. The area is used to capacity for the many labs that have to be performed. The lab at that branch is located in the highest traffic area of the entire building and all of that traffic flows through the minimal workspace provided. This area is the highest traffic space in the office due to the presence of a

doorway which separates the two halves of the lab area. Since this major traffic area is in the middle of what little lab space they have, the space allocated for the lab is often appropriated for use as a desk to fill out reports or as a place to wait and watch for instructions. We identified two alternatives that could relieve some of the strain on the lab.

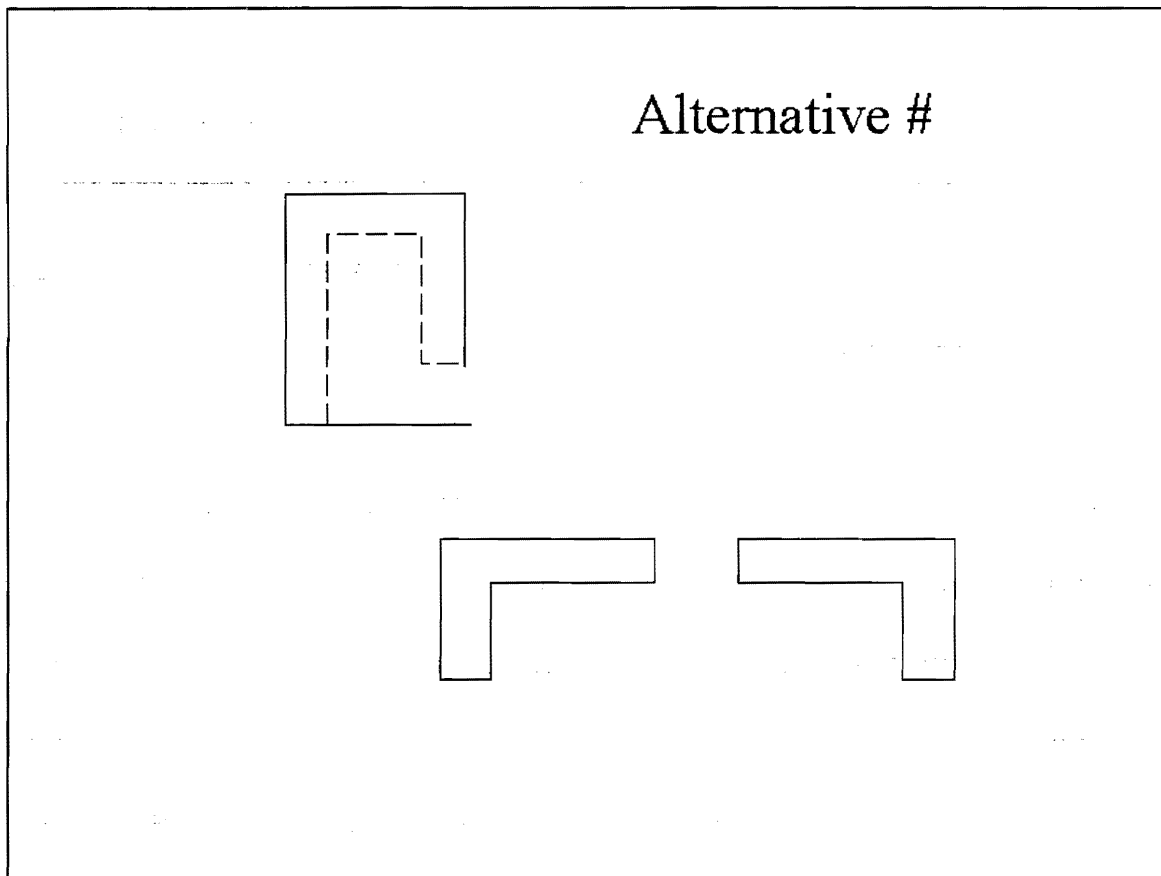
The first alternative has the merit of being the low cost alternative, but it seriously impairs the flow of business as it is currently conducted. The alternative as described is to close off the rear doorway to traffic and convert the wallspace to lab space. This would form a semi-isolated U-shaped design much akin to the Park West lab. The U would be much shallower and the traffic would still be a problem since patient files would not be moved. It would definitively decrease the amount of traffic through the area. This traffic would be diverted through the existing doorways on each side of the filing area which are mostly used to access the stairways across the hall. Negative aspects of this plan are that the traffic is diverted from an established flow and that information available from a quick glance down the hall from the doorway would no longer be available.

Alternative



The second alternative would cost more to implement, but would not disrupt the established flow of the office. This alternative focuses on the utilization of the teen waiting area as lab space. During the three months that the Clinch Avenue office has been under observation, the teen waiting room has seen minimal utilization. This large area could be better put to use as a second lab. It is also a centralized location within the office and is across the hall from the current lab. The plumbing already exists for a sink since this space had formerly been a room for treating patients. Counters and cabinets could be installed along the walls. This would provide a distraction-free environment where labs could also be performed. If some labs require more concentration to

perform or evaluate accurately then they can be performed in the privacy of this room.



This eliminates the teen waiting room but there are steps that may be taken to make KPA's teen clients feel more at ease in other existing facilities. A room could be designated as the teen room. The initial wait would be in the same sick and well areas that the younger children have to wait in. When these teens come back to the examination room, they would find a magazine rack with material currently used in the teen waiting room to keep them entertained if they have to wait in the exam

room on test results or for a doctor to become available. As the schedule is consulted during the normal flow of business, the arrival of teen patients could be determined prior to their arrival. Some time before these teen patients are escorted to the exam room, the teen room should be made available. If this is not possible, then some of the teen materials should be moved to the room where they are to be examined. If possible, the teens could be escorted directly back to the teen-equipped room and thereby bypass any interaction with younger patients. This alternative does not allow the privacy of the rear entrance for walk-ins reluctant to come through the front door. This could be handled by renovating the upstairs with facilities dedicated toward this purpose. If the teens can come through the back entrance, check-in and wait, then they are probably also capable of climbing stairs to a more secluded location.

Outside Communication: (Grade A)

The Communication between Children's Hospital and the office is excellent. Outside lab results are posted on the office computer as quickly as they are received at the hospital. This is a vital aspect for Knoxville Pediatrics to remain a front runner in their medical area. Immediate lab results translate to more extensive and comprehensive treatments in the office environment, and Knoxville Pediatrics patients have the choice of the office or the emergency room for the majority of

their medical situations. This is truly a luxury for parents as they know the office will provide a familiar doctor for their ill children versus the waiting and unfamiliar staff associated with an emergency room.

Cleanliness: (Grade A)

The entire staff does an excellent job of cleaning each room after every examination. It is done efficiently and the nurses seem to take pride in having a clean room. The idea of not using tissue on examination bed is an excellent one. This reduces waste and makes the room feel more friendly.

Inactive Charts: (Grade C)

The current method for storing inactive charts on the third floor is acceptable at this time. After the floor is completed and its function determined, the charts will need to find a new home. The charts will also increase over time and more room will be needed. Our concerns with the increase is the limited capacity and fire hazards. We want to avoid the charts becoming a major concern in the future.

Suggestion: The inactive files could be reduced to microfiche for a reasonable cost. The microfiche will also reduce the floor space designated to the inactive charts.

The Cost of Reducing Charts to Microfiche

Cost of reducing documents to microfiche	\$25/1000 documents
Time to complete process	1HR
Microfiche Machine	\$4000
Microfiche Filing Cabinets	\$150/cabinet

Nurse Staffing: (Grade B-)

The determination of the proper nurse staffing level was identified early as being one of the prime directives for this project. When interviewed, the Clinch Avenue office felt that current staffing levels were inadequate. The Park West office did not have the same concern since their staffing level was in a dynamic state. The Park West office had recently lost some employees due to uncontrollable external conditions. Since the Park West office was expecting the replacement of the nurses who had left, any extra work or covering that had to be done was handled as best they could without a negative response in morale.

Both offices' nurses work very diligently to complete their work in a timely and cheerful manner. The nursing staff is a stellar component of an impressive organization that deserves all the praise we can give. It is important to note at this point that the nurses were not found to have any down time to rest or collect themselves during the day. In the event of the eventual take home illness, the nurses are pushed to work at an

unbelievable pace to fulfill the patients' requirements. This is an area that is hard to quantify, but if the Clinch Avenue office has a hard time dealing with these unavoidable illnesses during the period when we conducted our study, then this problem will become even more of a hindrance during the peak winter months. Adding another nurse to the rotation or having a reliable temp agency to turn to would help to stabilize the availability of nurses.

One quantifiable category of nurse staffing alternatives compared to the current staff level is based on predictions extrapolated from the proposed incentive pay system. With the incentive pay starting at 6:00 PM in the summer and 6:30 PM in the winter, the two "late" nurses at the Clinch Avenue office spend about thirty five minutes each day with time and a half compensation. When this value is multiplied by two to represent both nurses and then multiplied by the time and a half recommendation for incentive pay, a value of ten hours per week is found to be the amount of compensation hours necessary. If this work could be planned for and distributed during the day to another nurse, then a ten hour per week nurse could be added to the rotation for an equivalent expenditure.

This line of thinking can further be extrapolated to the possible establishment of a standard operating procedure with regard to the

closing time at both branches of KPA we studied. The Clinch Avenue office has two nurses who are scheduled to stay after 5:00 PM in the summer and 6:00 in the winter, although more may have to stay if the demand for services is high. These times correspond to the closing times for the Park West office. The Clinch Avenue office could hypothetically close at the same time as the Park West office if the hours the two nurses must work already is added to the calculations from the incentive pay example and a half time nurse was brought on board. This alternative also assumes that the work currently done after the times stated can be pushed forward into the regular working day by scheduling the late patients at earlier times.

Any drastic restructuring of the nurse staffing level would be ill advised at the current time. The nurses who are working now are fulfilling the necessary functions required of their positions. The main problem is when nurses are absent for some reason and the work level goes through the roof. The only change which could spawn the necessity to hire on more nurses would be an increase in demand across the board. To be able to handle this type of increase, more doctors as well as more rooms would be necessary in addition to an increase in the number of nurses. This event is unlikely and probably should not be pursued since your client-base is probably not expanding at a rate which merits

such drastic measures.

Nurse Scheduling: (Grade A)

The combination of doctors and nurses can be a critical part of a given day. The staff as a whole works very closely together in order to provide complete care for a patient. Each doctor works at a different pace with different techniques and needs. The nurses as well have different strengths. It is important to know each doctor's method of practice in order to match the nursing schedule to fit those needs. Without this consideration, efficiency and productivity could be lost. Tammy and Becky have done an excellent job of considering these factors in scheduling the nurses for Knoxville Pediatrics.

Nurses' HelpLine: (Grade C)

The primary concern for this station at the Clinch Avenue branch is privacy. Outside conversations often interfere with the phone calls and distract the nurse's attention from the patient on the line. This is a problem because the nurse might miss key information that might be vital to the patient's healthcare. The station has moved during the course of our project to the former check-out room so the nurse can have more privacy.

Suggestion: The office is losing valuable work space for this one

operation, by placing the nurse in the check-out room. We suggest that the nurse wear a headphones connected to the phone to increase her hearing efficiency and decrease the excess noise level. The headphone would allow the nurse to move without having to put the call on hold, and would also decrease her walk time per call. Eventually, we would like to see the nurses walk time eliminated by providing a data terminal at the workstation that is linked to patient files. This type of tool will increase customer service and satisfaction.

Patient Satisfaction: (Grade C)

The office currently has no means for tracking patient satisfaction. Though patient return is an excellent indication of satisfaction, it is wise to remember that the patients are the customers. They may often have great suggestions or comments for ways to make their visit more comfortable. The needs of a customer are easy to overlook from the prospective as a worker in the office every day. Though the patient satisfaction is not a requirement for office efficiency, it is a requirement for a successful practice.

Patients have paperwork to fill out at the beginning and end of each visit. Because of this it is not wise to hand them another full sheet of questions. Instead, supply them with a postcard, approximately 3.5" x 5", which has a few choice questions (example below). Make this card

available in the exam rooms. This will occupy waiting time and they will know what to look for during the remainder of their visit. The customer will turn in their card during check-out. This is a simple way to track KPA's performance from the customers perspective. Not every patient will have the time or interest to complete this card. Remember, no comment is usually a good comment. When a patient is not completely satisfied, they will let you know if given the chance.

Below is an example format of a card. Remember to keep the wording simple and to the point providing options that may be circled. Ask questions that will give you constructive feedback and change the questions on a regular basis.

WE CARE			
Help us make your visit more comfortable.			
WERE WE FRIENDLY AND PROFESSIONAL ?	YES	NO	
AT WHAT POINT IN YOUR VISIT DID YOU WAIT THE LONGEST ?	SIGN IN	WAITING ROOM	
	EXAM ROOM	LAB WORK	CHECK OUT
DID YOU GET THE PHYSICIAN OF CHOICE ?	YES	NO	
WOULD YOU RETURN OR REFER US ?	YES	NO	
PLEASE WRITE FURTHER COMMENTS OR SUGGESTIONS ON BACK			
THANK YOU !!!			

Conclusion:

We would like to recognize the staff for all of their assistance and courtesy. Without them, we could have never attained the data needed for our suggestions. The entire office staff should take pride in this remarkable establishment.

The most difficult task in this project was finding areas that needed great improvement. Each of our suggestions are for simple changes, and the office will still continue to be successful without any alterations. Following our recommendations is choice not necessity. Nine of the twenty focus areas rated an A. This observation alone proves that Knoxville Pediatric Associates is a front runner in the pediatric medical field.

Appendix:

Data and Calculations

WINTER HOURS
12/01-03/31

SUMMER HOURS
04/01-11/30

PARKWEST	CLINCH
1762	1915
1814	1845
1794	1925
1818	1920
1750	1640
1782	1815
1772	1900
1834	1830
1712	1753
1805	1850
1776	1855
1804	1900
1782	1840
2104	1805
1998	1815
1836	1835
1818	1753
1776	1750
1795	1830
2042	1835
1762	1935
1914	2015
1794	1930
1818	1935
1750	1830
1782	1900
1722	1900
1834	1820
1712	1930
1805	1845
1776	1900
1804	1920
1782	1950
2104	1930
1998	1850
1836	1830
1818	1900
1776	1825
1795	1850
2042	1830
1842	1820
1800	1825
1760	1750
1726	1800
1888	1815
1915	1820
1798	1910
1764	1805
1896	1830
1952	1900
1828	1910
1746	1745
1798	1915
1790	1815
1796	1835
2136	1745
1862	1835
1804	1845
1804	1905
1896	1815
1752	1800

1827.032787

1870.4262

PARKWEST	CLINCH	PARKWEST	CLINCH
1760	1850	1792	1740
1818	1900	1715	1805
1808	1905	1230	1745
1726	1840	1714	1230
1995	1815	1702	1810
1852	1855	1702	1745
1766	1850	1740	1750
1778	1820	1731	1755
1788	1800	1744	1800
1882	1915	1955	1800
1765	1830	1765	1825
1808	1830	1757	1730
1758	1820	1708	1835
1902	1825	1756	1810
1816	1840	1752	1830
1756	1850	1752	1800
2138	1730	1780	1815
1807	1900	1734	1745
1236	1825	1684	1805
1726	1800	1678	1805
1810	1745	2036	1815
1840	1805	1724	1735
2095	1830	1744	1920
1758	1835	1738	1710
1895	1915	1787	1752
1844	1715	1726	1820
1748	1815	1736	1800
2050	1800	1230	1920
1728	1915	1748	1330
1765	1830	1818	1810
1734	1845	1738	1800
1725	1855	1818	1800
1738	1830	1734	1745
1730	1800	1740	1805
1796	1755	1634	1755
1788	1750	1915	1820
1885	1905	1756	1815
1234	1808	1722	1810
1698	1800	1692	1745
1805	1800	1744	1745
1786	1750	1726	1750
1785	1820	1748	1745
1780	1808	1726	1750
1904	1740	2034	1745
1975	1815	1722	1745
1780	1740	1726	1820
1718	1740	1708	1725
1717	1800	1722	1930
1704	1745	1758	1310
1695	1815	1950	1315
1786	1735	1748	1750
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1726	1730	1715	1850
2045	1735	1714	1805
1708	1800	1758	1735
1700	1815	1728	1755
1698	1715	1692	1800
1764	1750	1744	1740
1798	1740	1725	1740
1725	1807	1732	1749
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2885	1725	1726	1752
1726	1800	2034	1750
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1775	1750	1720	1750
1720	1745	1364	1855
1738	1745	2050	1815
1772	1805	1762	1800
1698	1745	1720	1825
1720	1800	1710	1809
1732	1710	1750	1807
1746	1810	1654	1845
2066	1815	1744	1800
1725	1830	1715	1830
1700	1750	1705	1815
		2055	1805
		1758	1840
		1745	1810

AVERAGE TIME

LEAVING OFFICE

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1810.07

January 1997

Monthly Planner

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18 — 1200	19 1758 1915	20 2050 1915	21 1725 1830	22 1885 1808	23 1785 1808	24 1278 1230																																																																																				
25 — 1300	26 1895 1715	27 1728 1830	28 1738 1800	29 1234 1800	30 1780 1740	31 1210 1330																																																																																				

June 1997

Monthly Planner

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																																																																																				
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15 — 1320	16 1780 1740	17 1786 1730	18 1706 1815	19 1798 1807	20 1726 1730	21 1226 1245																																																																																				
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29 — 1345	30 1717 1745	<div>May</div> <table> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td><td></td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> <div>July</div> <table> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </table>					S	M	T	W	T	F	S				1	2	3		4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	S	M	T	W	T	F	S				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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July 1997

Monthly Planner

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																																																	
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August 1997

Monthly Planner

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September 1997

Monthly Planner

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 1130 1130	2 1734 1805	3 1756 1810	4 1726 1745	5 1722 1820	6 1212 1230
7 1200	8 1748 1810	9 1740 1755	10 1722 1745	11 1748 1750	12 1726 1725	13 1234 1250
14 1545	15 1618 1800	16 1634 1820	17 1692 1745	18 1726 1745	19 1708 1830	20 1135 1200
21 210	22 1738 1800	23 1915 1815	24 1744 1750	25 2034 1745	26 1722 1810	27 1250 1200
28 215	29 1618 1745	30 1634 1805	<div> <div> August S M T W T F S 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 </div> <div> October S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 </div> </div>			

October 1997

Monthly Planner

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																																																																																											
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November 1997

Monthly Planner

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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9 1405 1800	10 2050 1800	11 1710 1807	12 1744 1830	13 2055 1810	14 1745 1730	15 1208 1230
16 1545	17 1762 1825	18 1750 1845	19 1715 1815	20 1782	21 1616	22 1204
23	24	25	26	27	28	29
30	<div> <div> October S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 </div> <div> December S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 </div> </div>					

~~Incentive Pay~~

Winter Hours

Start incentive pay @ both
offices @ 6:30 p.m.

Summer Hours

Start incentive pay @ both
offices @ 6:00 p.m.

Summer hours with 6:00 start time & half

~~20.95~~ ~~35.86~~ hours of overtime another nurse would
~~that~~ ~~53.8~~ hours of compensation require
 at Clinch

Clinch Summer hours with time and a half starting at 6:00

stay over on average of 35.24 minutes each day

N=135

terms of compensation 52.86 minutes each day x 2 nurses who stay late
 \approx 2 hours a day

could bring in a 10 hrs / week nurse for same amount of money

~~bring someone~~ the extra time is not concentrated on a particular
 day so the extra hours should be distributed through the week.
 of another part-time

could close at 5:00 if had another 20 hours - half time

20 hrs per week would ease scheduling if work could be consolidated
 to one person

Clinch winter hours with time and a half starting at 6:30

stay over on average of 35.16 minutes each day

terms of compensation 52.75 minutes each day x 2 nurses who stay late
 \approx 2 hours a day

same as summer

may be able to close at 5:30 if had additional
 part-time nurse

Clinch

Well

Aug 15, 1916 - 12-3-96

Monday

51, 47 | 44, 30, 38, 39 | 35, 31, 29, 41 | 36, 36, 26, 41, 30
27

Tuesday

42, 50 | 40, 38, 44, 34 | 43, 38, 41 | 40 | 38, 48, 31, 43, 25
31

Wednesday

44, 41 | 54, 52, 34, 41 | 35, 43, 32, 37 | 31, 34, 44, 42, 44

Thursday

65, 41 | 32, 54, 37, 39 | 33, 37, 28, 28 | 37, 25, 26, 33, 33

Friday

60, 48 | 49, 41, 46, 38 | 39, 38, 43, 50 | 49 | 41, 43, 46, 41
48

Saturday

5, 7, 13, 10, 4, 7, 8, 11, 2, 1, 3, 6, 3, 3

Sunday

2, 2, 3, 1, 2, 6, 4, 4, 2, 1, 1, 1, 1

Climb

Well Sunday 4/5/97 - Thursday 6/1/97

Sunday

4, 0, 2, 2, 2, 1, 2, 0, 5, 1, 0, 1, 1, 1

Monday

41, 43, 34, 32 | 41, 37, 44, 45 | 43, 36, 36, 37 | 49, 45, 46

$$\bar{X} = 40.6 \approx 41$$

$$S_x = 4.9828$$

$$\sigma_x = 4.8139$$

Tuesday

39, 44, 38, 36 | 42, 38, 46, 45 | 56, 40, 42, 49 | 41

Wednesday

49, 43, 40, 44 | 46, 38, 46, 43 | 46, 55, 44, 42 | 38, 50

Thursday

40, 37, 37, 37 | 44, 30, 38, 44 | 37, 38, 39, 42 | 44, 45

Friday

37, 58, 48, 43 | 40, 37, 46, 39 | 54, 51, 43, 40

Saturday

6, 7, 0, 16, 1, 4, 7, 6, 5, 4, 4, 12, 5

12/1	8	9	10	11	12	1	2	3	4	5
2/14	18	4	2	—	1	2	2	3	2	
12/15	26	2	3	—	1	6	4	4		
12/16	16	1	—	2						
12/17	24	6	1	1	1	1	1	1	1	1
12/18	18	2	3	1	2	3	3	1	2	
2/19	36	1	4	—	8	7	1	5		
12/20	30	4	3	1	—	3	6	6	1	8
12/21	32	7	6	—	1	5	8			
12/22	16	5	2	4	—	8	2	1		
SAT 12/23										
SUN 12/24										
12/25										
12/26	21	5	1	—	1	1	6	3	3	
12/27	23	6	6	—	2	7	3	3	—	1
2/28	34	5	4	—	2	7	5	4	3	
4/29	45	7	9	1	4	8	5	4	1	
12/30										
12/31	3				2	1				

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11	—										
12	31	1	5	1	7	5	5	4	1		
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14	27	5	5	—	4	6	3	2			
15	29	1	5	1	1	5	7	3	2		
16	2		1								
17	<hr/>										
18	4		2		2						
19	27	3	3	2	4	5	5	2	1		
20	25	1	3	1	5	3	1	5	1		
21	36	4	6	—	5	6	3	3	2		
22	14	1	4	1	2	6					
23	4	1	1	1							
24	<hr/>										
25	33	2	1	4	3	7	5	3	2		
26	28	4	1	—	1	4	4	4			
27	35	7	3	2	2	9	2	3	1	1	
28	26	6	3	2	6	5	1				

[illegible]

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27	11
28	18
29	39
30	4
31	10
32	19
33	25
34	26
35	35
36	26
37	3
38	1
39	29
40	34
41	37
42	30
43	33
44	4

25	2
26	28
27	37
28	35
29	31
30	33
31	7
32	1
33	23
34	32
35	30
36	37
37	33
38	2
39	—
40	29
41	35
42	32
43	36

5

[illegible]

Clinch

Sick

Monday 6/2/97 - Tuesday 9/26/97

Sunday

6, 11, 13 | 14, 8, 6, 14 | 9, 17, 4, 13, 8

Monday

51, 47, 54 | 55, 52, 59, 35 | 60, 52, 50, 52 | 58, 62

Tuesday

41, 41, 45 | 39, 24, 40, 35 | 38, 46, 26, 38 | 39, 52

Wednesday

41, 27, 45 | 36, 27, 45, 39 | 43, 36, 35, 46 | 45

Thursday

34, 30, 42 | 39, 30, 44, 30 | 28, 55, 32, 43 | 32

Friday

40, 35, 37 | 30, ~~34~~, 34, 47 | 35, 26, 45, 26 | 36

Saturday

22, 13, 20 | 22, 14, 21, 17 | 23, 15, 22, 20, 20

Climch

Srclc 3-28-97 -

Monday

74, 92, 79, 81, 86, 93, 71, 91, 48

Tuesday

46, 63, 75, 70, 75, 57, 64, 56, 53

Wednesday

62, 65, 71, 61, 58, 59, 54, 42, 44

Thursday

94, 63, 73, 54, 64, 63, 65, 49, 36

Friday

51, 50, 57, 64, 65, 51, 56, 54, 41

Saturday

25, 31, 33, 35, 36, 40, 16, 22, 12

Sunday

18, 14, 22, 20, 16, 17, 10, 11, 19

SICK

	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6	1
21 26/90	28		9		3	5	9	7	3	2	
AT 27/46	20	9	8	1	1						
28	23		1	4	10	8					
29	31	9	11	2	6	10	11	14	8	8	
30	70	7	9	5	3	9	13	11	7	1	
31	71	8	11	3	6	9	4	8	9	6	
32	60	14	9	3	4	9	7	3			
33	24	10	4	9	6	3	1				
34	39	10	7	5	2	8	2	1			
35	33	6	8	3	7	7	1				
36	42	10	10	1		5	8	2		1	
37	39	8	7	3	2	2	5	5			
38	38	9	10	4							
39	7										
40	50	14	9		2	7	8	7	5	1	
41	43	2	8	3		6	7	2	10	1	
42	43	10	8	3	1	1	4	2	7	1	
43	51	5	13	4	4	5	4	4	4		
44	45	9	9	1	1	1	1	1	1		

	8-9	9-	10	11	12	1	2	3	4	5	6
AT 1/7	32	11	9	3							
2/18	12		1	6	5						
ON 2/19	75	13	10	3	3	10	12	7	8		
45 4/20	64	8	10	2	3	8	4	12	6	3	
1/21	10	7	1	3	1	10	10	10	9	2	
2/22	73	9	9	6	6	7	11	5	9	2	
1/23	49	10	8	1	5	4	3	8	6		
2/24	19	7	4	1							
ON 2/25	16	4	8	2	2						
2/26	94	10	15	5	1	12	12	12	10	4	
WS 2/27	64	6	10	3	2	10	8	9	7	2	
1/28	54	7	7	4	5	9	8	3			
1/29	53	8	11	1	1	7	7	7	6		
1/1	73	11	9	5	1	8	4	13	11	2	
1/12	20	10	10								
1/1	18	1	7	6	3	1					
1/7	95	10	12	8	4	10	9	17	11	4	
1/5	84	9	8		7	9	11	11	12	4	

	8	9	10	11	12	1	2	3	4	5	6
2/14	50	11	5	7	1	4	5	7	2		
3/17	50	8	12	2		1	12	6	7		
3/18	54	11	8	4	7	6	5	3	7	1	
3/19	38	10	11	5	3	1					
3/10	17		1	8	6	2					
1/14	81	8	11	3	3	11	12	12	8	7	1
5/12	70	10	7		4	8	11	15	7	2	
1/3	60	7	12	2	5	8	8	7	8	4	
2/14	62	5	6	7	4	7	11	6	5	2	
3/15	61	9	10	5	9	7	4	7	2		
3/16	32	8	8	4	8	8					
1/17	8				6	2					
1/18	81	11	6	7	1	13	15	7	12	1	
3/19	63	9	6	3	5	6	12	8	8	2	
1/20	90	8	7	4	2	9	3	5	1		
2/20	63	8	9	3	3	9	7	9	9		3
2/21	61	8	6	4	1	7	4	6	7	7	1

	8	9	10	11	12	13	14	15	16	5	6
1/23	81	15	2	2	1						
3/24	15		3	6	6						
5/25	103	14	15	6	4	11	12	9	15	8	
7/26	64	6	4	1	3	10	10	9	9	1	
9/27	59	6	7	2	4	7	7	7	8	2	
11/28	47	8	7	5	3	5	7	6	3		
13/29	58	9	7	1	/	8	7	7	2	2	
15/30	32	11	11								
17/31	11			5	5	1					
19/32	80	12	8	6	6	13	8	8	10	3	
21/33	50	15	7	2	2	5	5	4	7	1	
23/34	60	7	5	3	3	7	8	9	8	5	
25/35	41	9	11	2	-	6	1	4	3		
27/36	47	4	10	1	2	6	7	11	2		
29/37	24	9	4	7							
31/38	12	1	4	4	3						
33/39	68	7	11	3	3	4	6	11	8	5	
35/40	52	7	5	3	2	4	6	7	8	1	

[illegible]

Paric West

Well

2-1-96 - 6-13-96

T1

Monday

Feb

26, 25, 29, 24 | 38, 22, 20, 35 | 52, 30, 37, 42 | 61, 31
27, 38, 40, 40

May

Tuesday

18, 51, 55, 53 | 42, 44, 51, 39 | 53, 51, 61, 52 | 50, 62, 55
57, 62, 58, 50

Wednesday

~~18~~, 40, 43, 28 | 35, 32, 29, 27 | 34, 34, 42, 43 | 39, 38, 41
-40, 34, 49, 38, 40

Thursday

50, 34, ~~35~~, 61 | 32, 43, 52, 31 | 36, 23, 52, 33 | 51, 41, 45
45, 49, 32

Friday

38, 43, 41, 37 | 35, 25, 27, 44 | 48, 32, 35, 36 | 30, 32, 50
40, 48, 28

Saturday

5, 16, 2, 6, 16, 5, 8, 16, 18, 5, 12, 6, 3, 3, 15, 7, 5

F	35.5	M	41.75	A	45.75	25	43.57
	67.6		61.75		61.75		60.45
			104				

45.58

Parkhurst

well

82-30-96 - 10 - 30 - 96

Monday

45, 57, 39, 31, 35, 54, 41, 58

Tuesday

53, 62, 39, 44, 30, 58, 38, 56, 39

wednesday

40, 60, 34, 52, 36, 36, 47, 52, 39

Thursday

38, 43, 74, 37, 41, 31, 34, 50

Friday

40, 46, 35, 32, 40, 35, 37, 64, 55

Saturday

15, 9, 7, 6, 4, 6, 12, 9, 10

Parkwest

Sick

3-20-96

→

5-14-96

Monday

76, 57, 52, 54, 54, 55, 68, 75, 63, 43, 47, 40

Tuesday

40, 46, 48, 53, 47, 49, 43, 50, 41, 40, 33, 40

Wednesday

56, 56, 34, 34, 40, 38, 52, 39, 49, 39, 36, 29, 28

Thursday

69, 55, 61, 45, 47, 37, 48, 41, 44, 54, 77, 39, 33

Friday

60, 50, 45, 51, 45, 36, 46, 45, 43, 39, 38, 28

Saturday

21, 22, 24, 25, 15, 22, 13, 20, 22, 20, 11, 16

Park West

Sick

3-12-97 - 5-22-97

Monday

103, 69 | 73, 89, 68, 70 | 90, 84, 71, 70

Tuesday

69, 64 | 56, 66, 63, 59 | 55, 70, 62, 47

101

Wednesday

60, 70 | 62, 66, 51, 49 | 65, 57, 64, 44, 52

Thursday

56, 54 | 65, 63, 55, 56 | 58, 55, 60, 41, 44

Friday

70, 61 | 48, 58, 60, 62 | 65, 52, 47, 44

Saturday

36, 32, 22, 28, 30, 29, 22, 26, 20

Sunday

X

Parkwest

Nov	Dec	Jan	Feb	Aug.	Sept	Oct
<u>M</u>	130, 139	128, 129	135, 135, 133	100 98	124 105 116 111	122
<u>T</u>	120, 120	95, 137	127, 112	86 88	127 87 99 81 87	
<u>W</u>	113, 124	105, 109	110, 108	85 80 81	83 93 75 86	70
<u>R</u> 84	111,	90, 120	107, 114	75 81	80 85 77 86	94
<u>F</u>	111	111, 110	119, 112	87 89	75 92 71 89	87
<u>S</u> 27	42	42	43, 38, 38	27, 29 35	29 35 28 33	28

Patients PW sends to clinic:

October	13 - X
	14 - X
	15 - X
	16 - X
	17 - ^① Tyler Harris
	18 - X
	20 - ^① Brianna Houston
	21 - ^① Charles Schuiten ^② Brandon ^③ Brittany Thomas
	22 - X
	23 - X
	24 - X
	25 - X
	27 - X
	28 - X
	29 - X
	30 - X
	31 - X
Nov	1 - X

Nov	3 - ^① William HeFlin
	4 - X
	5 - ^① Rachel Brock
	6 - X
	7 - X
	8 - X
	10 - X
	11 - X
	12 - ^① Blair Becker
	13 - ^① Charles O'Hearn ^② Scott Carrier
	14 - X
	15 - X
	17 - X
	18 - X
	19 - X
	20 - X
	21 - X
*In 35 working days (M-Sat),	
PW sent 10 patients to clinic	
that is ~ patient every 3.5 days	